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ABSTRACT

This report presents comparative data on standards and regulations for child care programs in Europe, Canada, Israel. Three models of child care systems are identified, and their implementation in eleven countries is described. Model I, the "anglo-American" model implemented in the United Kingdom and Canada, includes two or more parallel systems both serving the whole age groups from birth to compulsory school age; the care function is stressed by one system and the educational function by the other. Model II, followed in Sweden and Finland, features one integrated child care system for all children under compulsory school age, in which care, socialization and education are provided in a unified administrative structure. Model III includes two age-related systems: one, for children under 3, which stresses the care function and child socialization and development, and a second, for children aged 3 to compulsory school age, which emphasizes educational goals in addition to care, socialization and development. This model is followed in France, Poland, Federal Republic of Germany, Italy, Denmark, Yugoslavia, and Israel. The report identifies which government levels are responsible for standards in different countries, and suggests major trends and patterns with regard to the categories of standards and regulations, the range of standards and the nature and extent of compliance and enforcement. After each country's system is described, overall conclusions comparing the systems are presented. (CM)

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LICENSING, STANDARDS AND REGULATIONS IN CHILD CARE PROGRAMS IN EUROPE, CANADA, AND ISRAEL

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INTRODUCTION

This report is a compilation of comparative data on standards and regulations for child care programs in Europe, Canada, and Israel. Some of these data were assembled as a by-product of other activities while some were collected specifically for this report through a special questionaire. On-site visits to child care programs have been made in all except one country (Yugoslavia) in the course of other work, although not every type of program has been visited in every country. The budget and design for this report did not include provision for foreign travel.

The term standards is used in the report to describe those rules set by governmental authorities in order to control the quality of child care programs. Such standards may relate to any of the following aspects of these programs: location; size and spatial organization of facilities; amount and type of equipment; health, sanitation, fire and/or safety measures; staff qualifications; number and type of staff per number and age of children; number and age of children per group; age and characteristics of children served; special medical and/or social services provided; relationship of parents to program; number of places per number and age of children in the population and so forth.

No country included here has standards in all areas, nor is there any country totally lacking in standards. In the countries covered, standards apply to all child care programs in the designated categories (e.g. preschool, day care center, crèche, family day care, child minder). In all these countries, standards have been developed as programs have expanded and the issue of quality control emerged. In several countries standards are still in flux.

The term licensing is used to mean formal permission from governmer t authorities for an individual or organization to operate a child care program. Issuance of a "license" represents public recognition that certain minimum standards have been met--or are alleged to have been met.

In contrast to standards, licensing has far more limited use in the countries described because most programs, in most of these countries, are funded and operated by public authorities in the same way that public schools are in the United States. In such situations, licensing is irrelevant. A few countries do employ the device of licensing; however, even in these, licensing is used only in relation to programs operated under non-public auspices (private, not-for-profit organizations or private, for-profit programs). In this report, where licensing is meant, it will be so specified.

In some countries the device of registration is used to regulate family day care mothers who must meet certain standards in order to "register". Here, registration means the placement of an individual's name on an official list of available family day care mothers. Registration implies compliance with certain minimum standards and is required for individuals to receive public subsidy.

It should be noted, that even where licensing (or registration) does exist, unless standards are enforced such standards become, in effect, goals rather than requirements for permission to operate.

The term enforcement is used to mean compulsion by governmental authorities of maintenance of standards in child care programs. With regard to enforcement, compliance becomes an issue only where there is a distinction between public regulation and private operation, or between different levels of government. Where the same level of government sets standards and operates programs, the issue of enforcement does not arise. Where different levels of government are involved, funding may be contingent on meeting standards. Similarly, where private programs operate, if public funds are involved, funding may be withdrawn, or penalties imposed. Again, there can be here rigorous or loose enforcement. Assessment of data regarding enforcement would require extensive on-site observation throughout each country and a rigorous review for verification--something not within the scope of this report.

The specific questions in focus in this report are:

1. Do other countries have standards and regulations for child care programs?

2. Where such standards exist, what are they? (What are the major categories of standards and regulations? What are the basic standards and regulations?)

3. What criteria or factors seem to influence the development of different standards?

4. What level of government promulgates these standards?

5. To what extent are they enforced and how?

It should be emphasized at the onset that this report was

prepared in a very limited time period and at minimal expenditure. The goal was to obtain whatever could be available at the time when it was needed for DHEW and congressional purposes. The report is limited therefore by incompleteness of data, sometimes because data were not available but more often because neither time nor resources permitted a full survey, or because data which had been promised were not produced and could no longer be pursued given the time constraints. How the data were obtained is summarized briefly in an appendix.

Despite all limitations, it is believed that what is available is significant, relevant and not lacking in range and scope.

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Child care programs are far more extensive in most of Europe and Israel, if not in Canada, than they are in the U.S. The majority are under public auspices, supported by public funds. Standards, even for similar types of programs, vary substantially among all countries. The clearest distinction in most countries is between programs serving very young children (infants/toddlers) under the age of three (approximately) and programs serving children aged 3 to compulsory school age (5, 6, or 7 depending upon the country). Little in the way of systematic data are available regarding programs serving school aged children.

Apart from the different standards applied to infant and preschool programs, a second distinction made has to do with

center-based programs and family day care (agency supervised or individually operated). Although a large amount of unsupervised, unlicensed, unregulated and informal family day care continues to exist in most countries, most such arrangements are directed at the care of very young children under the age of three. Moreover, use of this type of child care seems to be decreasing in the context of increased labor force participation of women all over, extended paid maternity leaves covering the first few months after childbirth, and expanding pressure for more organized and formal provision of child care.

Thus, for example, most industrialized countries in Europe have already taken a clear and consistent position in support of pre-school programs for all children from the age of about three to compulsory school entry. In France and Belgium more than ninety percent of the children in this age cohort are already in such programs and full coverage is anticipated within the next few years. In F.R. Germany and Italy close to two-thirds of this age group are in preschool programs. Government officials in F.R. Germany now expect that all children in this age range will be attending preschool on a voluntary basis by about 1980. Although coverage is lower in the Scandinavian countries, official reports indicate that the objectives are similar but that provision of places for all children will take longer to achieve.

At the same time, paid maternity leaves are increasingly being provided for employed women, permitting them to remain at

home and care for their infants for some months after childbirth. As a result, the major gap in child care in most European countries, now, is for those children between the ages of about 6 months or one year and two or three.* There is growing debate about what should be the nature of public policy--and the type of care provided--for children of this age.**

The countries covered most extensively in this report are: Canada, Denmark, F.R. Germany, Finland, France, Israel, Poland, Sweden, United Kingdom, Yugoslavia. Where relevant and available, some data from other countries are included also but in much less consistent fashion.

The countries are both federal republics (three tier countries which include a state or province between central government and the locality) and relatively centralized governments (two tier countries with central and local levels, whose regional and country structures are not the equivalent in power and scope of state government).*** All are relatively or highly industrialized countries.

In the material that follows each program type will be described briefly in each of the countries covered. An estimate of coverage (the numbers of children and the percentage of the cohort in care) and the general scale or extensiveness of the program will be included also to provide context.

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*There is, also, incomplete coverage for the full work day in existing programs in some countries. Programs may cover only the normal school day. This is a problem, however, for many school aged children, too.

**This is the focus of our current six country study of "Alternative Policies for the Care of Children Under Age Three."

***Three tier countries include: Canada, F.R. Germany, Yugoslavia. Two tier countries include: Denmark, Finland, France, Israel, Poland, Sweden, U.K.

Rather than presenting a simple inventory of standards and regulations on a country by country basis, which would take a large volume and be difficult to follow, the material is presented selectively and organized in a manner designed to maximize comparability and facilitate understanding of the data.

The objectives of this report, thus, are three-fold:

1. To describe the major models of child care systems and identify which countries follow which model;

2. To identify which countries set standards at different governmental levels, in particular in which countries the national government sets standards, in which the state government sets standards, and in which local government sets standards.

3. To suggest the major trends and patterns with regard to:
   - the categories of standards and regulations,
   - the range of standards and regulations,
   - the nature and extent of compliance and enforcement.

NOTE: In this report, the designation "0-3" (or 0 to 3) means children up to the third birthday; "3-6" (or 3 to 6) means from the third birthday up to the sixth, etc.

CHILD CARE SYSTEM MODELS OR ALTERNATIVE APPROACHES TO ORGANIZING CHILD CARE FOR CHILDREN UNDER COMPULSORY SCHOOL AGE*

There are three different models of child care systems:

1. Two or more parallel systems both serving the whole age group from birth to compulsory school age. One system stresses the "care" function and the second emphasizes the educational function; the socialization function may cut across both systems. This model may be described as the "Anglo-American" model and is usually characterized by the existence of a "day care" system under social welfare auspices and a preschool, educational system under educational auspices. The United States, the United Kingdom and Canada represent this model.

2. One integrated child care system for all children under compulsory school age. At present, only Sweden and Finland follow this model in which the major program objectives include care, socialization and education provided in a unified administrative structure.

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*It should be noted that this report draws heavily, for background and contextual material as well as substance, on a recently completed, DHEW-funded study of social services in eight countries. A brief description of this project (Cross-National Studies of Social Service Systems) as well as a list of publications resulting from the project, are included in the appendix. An integrated, descriptive and analytic assessment of social services internationally, including a chapter on the political-economic-social context in which services have developed and a chapter on child care programs, is published by the U.S. Government Printing Office. This book, co-authored by the project directors, Alfred J. Kahn and Sheila B. Kamerman, is entitled Social Services in International Perspective.

3. Two age-related systems. One system is usually for children under the age of 3, stresses the care function and, increasingly, child socialization and development, and may be under either social welfare or health auspices. The second is usually for children aged 3 to compulsory school age,* emphasizes educational goals along with the provision of care and concern for socialization and development, and is usually administered under educational auspices. This model is by far the most prevalent approach to child care and characterizes, among other countries: Austria, Belgium, Czechoslovakia, Denmark, German Democratic Republic, Hungary, Israel,** Italy, The Netherlands, Poland, Yugoslavia, the USSR.***

In this model the American term "day care" is used to describe child care programs for children under the age of 3 only. Almost all children aged 3 to compulsory school age are now or will be soon in preschool programs in which the care function is subsumed under the primary functions of education, socialization and development. This philosophical and programmatic distinction has major implications for standard setting in these countries.

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*In France the two systems overlap with regard to children between the ages of two and three. However, most 2 year olds who are in organized child care programs are in a preschool program. Among other reasons, the program is free and more places are available.

**In Israel although 90 percent of the children of this age group are in preschool some 3 to 5 year olds are in day care.

***Some Latin American countries follow this model also, for example, Venezuela.

DAY CARE AS ONE OF TWO PARALLEL SYSTEMS

In neither of the two countries described below are organized child care programs extensive.

Canada

Standard Setting and Enforcement at the Provincial and Municipal Levels*

Canada is one of the lowest coverage countries in the group described in this report although programs are expanding rapidly. Of the more than two million children in Canada who are under compulsory school age (6) about 61,000 were in group day care in 1975, about 4000 in licensed family day care and close to 400,000 in some form of preschool program.

Types of Programs and Definition of Terms:

- A day care center is a specifically designed place other than a child's own home serving more than five children (under age 14) for part or all of the day and for a continuous period not exceeding 24 hours and usually less than 12. It may be a building designed specifically for day care or a multi-purpose building such as a church of community center which has specifically designated--but not necessarily exclusive--day care space.

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*In addition to the data included in the Canadian report for the Cross-National Studies of Social Service Systems, a supplementary survey was carried out by H. Philip Hepworth of the Canadian Council for Social Development.

- Family day care is the supervised all day care of not more than 5 children (under 14) in a private residence other than the home of the majority of them for a continuous period not exceeding 24 hours. To distinguish it from the informal "private neighborhood arrangements" which are extensive but unregulated and unsupervised, family day care is defined as a program involving the selection and supervision by a government or authorized private agency of private families who give care to children during the day.

- Kindergarten and nursery schools are preschool, educational programs for 4 and 5 year olds. More than half are privately operated; the rest are public and part of the public school system in each province. The extent of provision is highly variable between provinces, and within the same province, from year to year. Most of these programs are part day.

Standards: Types, Status and Compliance

Canada has an extraordinarily wide range of licensing standards and regulations for child care programs. No standards are set by the national government. Instead, the provincial or state level governments,of which Canada has ten, set standards and enforce them. In addition, certain major cities also set standards which are different (higher, more extensive) than those of their provincial government. In some provinces no--or few--standards are set. In others standards are extensive and precise, mandated by law and rigorously enforced. By and large the vari-

ations have to do with the wealth of the individual province and the degree of urbanization.

Clearly not every province can be covered nor can all the standards and regulations be specified here. Instead the data are summarized below to illustrate range by selecting certain of the provinces for more detailed description. Unless otherwise specified, these standards are for day care (family or center type) of children aged 0 to 6.

Prince Edward Island: Only fire and health regulations for day care centers are mandated by law at present. The Day Care Coordinator is negotiating with the community at large about more specific regulations concerning staff/child ratios, child space ratios, and safety and protective regulations.

New Brunswick: Only day care centers offering services to more than five children are subject to licensing. Standards include some regarding physical space and staff/child ratios (1:3 for under 2 year olds; 1:5 for 2 and 3 year olds; 1:10 for 4 and 5 year olds) but are not rigorously enforced. No other standards exist for day care. Nursery schools, preschools, Head Start programs, play schools and family day care centers are not licensed or regulated.

Newfoundland: Some general standards exist regarding physical space (two separate activity rooms are needed where more than 25 children are in care; a minimum of 60 square feet of outdoor space for each child aged 2 to 6 is required).

Staffing regulations are as follows:

- At least 2 adults on the premises at all times when 4 or more children under 6 are present;

- A minimum of 1 child care staff person for each 4 children aged 2 to 3;

- One person for each 6 children aged three to six;

- Provision of a hot mid-day meal, 2 snacks in the morning and afternoon and a light supper if the child stays after 6 pm;

- No child to remain beyond 7 pm.

For family day care, no more than 4 children including the children of the care person.

There are no firm data regarding compliance and enforcement. The Department of Social Services has recently taken over the licensing of day care centers and has not yet assessed the situation with respect to the standards of care currently being given.

Alberta: Existing minimum provincial standards regarding the operation of day care centers are now being revised. These include fairly specific physical standards regarding space, equipment, safety, building regulations, staffing, size and composition of groups. Some of these standards (see below) are mandated by law and enforced; others, which are only recommended, are met by some programs some of the time. In day care centers, the minimum staff/child ratios are: 1:10 for children under 2 years of age and 1:20 for children aged 2 to 7. At least two adults must be on the premises at all times.

Within the province of Alberta two cities, Calgary and

Edmonton, have more precise and much higher requirements. In particular,

- for children aged 0 to 18 months, staff/child ratios are 1 to 5 and the maximum group size is 10;
- for children aged 19 to 35 months, staff/child ratios are 1 to 8 and the maximum group size is 16;
- for children aged 3 to 6 years, staff/child ratios are 1 to 12 with 24 as the maximum size;
- for a mixed age group, the maximum group size is 20.

Quebec: The regulations are also being revised now. At present, in day care centers for children aged 1 month to 6 years, safety and sanitation standards are mandated by law and enforced while physical standards and staffing are required by administrative regulation and met some or most of the time. Here staffing requirements are 1 child care worker for 10 children aged 1 month to 2 years and 1 for 15 children aged 2 to 5.

In the province of Manitoba there are two completely separate sets of regulations. For Winnipeg, the capital city, there are fairly high, detailed and extensive standards, mandated by law and enforced by the municipality. For example, only single family, detached houses can provide licensed family day care. Staff/child ratios in these programs are 1:2 (with a maximum of two) for children under the age of 3, and 1:5 (for a maximum of 5) for children under the age of 7 (in each case including the family day care mother's own child).

In day care centers, which can be approved and licensed only

if located in schools, churches, or community facilities, staff/child ratios are 1:4 for children under 2 and 1:10 for 2 to 5 year olds. The size and composition of the group is not subject to regulation.

In rural Manitoba, staff/child ratios are similar to those in Winnipeg for family day care but are 1 to 8 for all children under 6, with 30 children as the maximum group size. Other aspects of day care are either unregulated or subject to fairly loose standards.

Nova Scotia: Physical and safety standards and food and nutrition standards are mandated by law and most programs comply. The same is true for staffing standards which are set by administrative regulation and include: 1:3 for children under 1; 1:5 for children aged 1 to 3; and 1:7 for children aged 3 to 5. Most groups average 15 to 20 children but 25 is set as the maximum in centers. Some other standards are recommended but only partly met (e.g., provision of social serivces).

In British Columbia, physical standards for family day care are defined loosely, as they are in several other provinces (e.g., "sufficient space".) Standards for center care are more precise and met most of the time. Staff/child ratios in family day care are 1:2 for infants under 2 and 1 to 5 for children 0 to 6, including the day care person's own children.

British Columbia uses an age criterion for differentiating its day care centers. In centers which care for children under age 3, staff/child ratios are 1 child care person to 4 children

but in a group of 12, the standard sized group, 2 assistants in addition to the child care professional satisfy the requirements. Groups are divided as follows: six months to one year; 1 to 2; 2 to 3. In centers for children aged 3 to compulsory school age staff/child ratios are 1 professional to 8 children with 1 assistant for 8 to 18 children and a second assistant for 18 to 25 children. No more than 8 children should be in any one group. The groups are age related (3s, 4s, 5s) and when enrollment reaches 60 a separate director must be hired.

Saskatchewan: Day care programs are designed to serve children aged 18 months to 6 years only. Staff/child ratios are 1:5 for children aged 18 months to 2½ years and 1:10 for those aged 2½ to 6. Although parent participation is encouraged in some other provinces, only in Saskatchewan is parent control mandated by law and enforced.

Ontario: As in many other provinces, physical, safety and hygiene standards are relatively precise and mandated by law. In contrast, staffing standards are loose, the only precise requirement being at least two adults on the premises for every 4 children under age 6. The maximum size of composition of the group is not specified and existing standards are not always enforced.

Summary

To summarize the Canadian picture:

- Some provinces have no or few standards.
- Some provinces have standards but define them loosely.

Compliance and enforcement are less than complete.

- Of those provinces that do have more precise standards all tend to stress physical standards and safety and hygiene standards. Compliance is required and enforcement is described in official reports as generally effective. Staffing standards, especially with regard to staff/child ratios, are the next most frequent category of standard but ratios vary substantially among the provinces (and even within some) as do compliance and enforcement.

For example, staff/child ratios in day care centers vary as follows:

	High	Low
Under age 2	1:2	1:10
age 2 - 3	1:4	1:10
age 2 - 5	1:10	1:15
age 3 - 6	1:6	1:15 or for ages 2-7, 1:20

- A few provinces or a few cities have detailed and high standards mandated by law and enforced.

- Parent participation and involvement although mentioned by several provinces is required only in one.

United Kingdom

Standard Setting at the National Level and Enforcement at the Local Level*

There are about four million children under compulsory school age in England and Wales, divided equally between those under age 2 and those aged 2-5. About 870,000 of the whole cohort were in some kind of organized child care in 1974: 265,000 were in full day care or "full time" education; about 439,000 were in part-time programs which ranged from 2½ hours per week to 5 afternoons a week. Only about 108,000 were in full day day care programs and of these more than one-half were in registered family day care.

It should be noted that compulsory schooling begins in England and Wales at age 5 and a very high proportion of 4½ year olds already attend school. At present, the primary pressure is to expand coverage of the preschool program for 3 and 4 year olds. Current projections are that by 1983, 90 percent of the 4 year olds and 50 percent of the 3 year olds will be in preschool (either part- or full day).

Types of Programs and Definition of Terms:

- A child minder or family day care mother is anyone other

*In addition to the data derived from the Cross-National Studies of Social Service Systems, supplementary material was obtained from Mia Kellmer Pringle and Sandhya Naidoo, Early Child Care in Britain (London: Gordon and Breach, 1975); Jack Tizard, Peter Moss, Jane Parry, All Our Children: Preschool Services in a Changing Society (London: Temple Smith/New Society, 1976).

than a relative who takes other people's children during the day into her own home for payment.

- A day nursery or day care center is a facility that provides all day care for children aged 6 weeks to 5 years in defined categories of need (e.g., children from deprived or inadequate families, handicapped children). These group facilities or centers may be under the auspices of local government or voluntary agencies. They are normally open ten to eleven hours five days per week, 50 to 52 weeks a year.

- A nursery school or nursery class is a separate educational establishment or special class attached to a public primary school for children aged 3 to 5 (compulsory school age), stressing cognitive and social development. The nursery class is the program currently projected for expansion.

- A play group is a part-time child care program for six to 40 children aged 2½ to 5 who play together regularly each day for a few hours or a few times a week. Children generally attend one or two mornings per week for 2½ hours.

Standards: Types, Status and Compliance

The Department of Health and Social Security (DHSS) imposes standards regarding facilities, staffing, and programs that are common to child minders, day nurseries, and play groups. For a child minder to be registered she must be caring for not more than 3 children under 5 years of age including her own, or not more than 7 children if she has a full time assistant. She

must meet certain health requirements and have not made any "private" informal child care arrangements (child care, for pay, without prior registration); the premises should be "safe and adequately maintained"; there should be "adequate arrangements for feeding the children" and "adequate and suitable diet." Most of this wording is very vague and local authorities (local government officials) determine individually the precise conditions of registration. These vary considerably, some authorities taking the view that it is better to register minders even if they provide inadequate care. Once registered, minders may be inspected regularly by the local authority. The range of quality of child minders is described as enormous. However, the powers of local authorities to insure high standards are limited and only rarely backed up by a resource commitment. Although an unregistered childminder is acting illegally the risk of prosecution is slight. A similar situation exists with regard to registered childminders and the extent to which they comply with standards. Procedures may get rid of individual minders but in the absence of alternative provisions, illegal minding continues, and children are simply placed with other minders. Inspection is discretionary.

The DHSS lays down desirable standards for day nursery (day care) accomodations in terms of the number of rooms, the square footage per child, the toilet and cloak room facilities. But since very few nurseries are built specifically for child care purposes, these standards are not met with any regularity. Day care centers are expected to conform to certain standards of

staffing but these standards are not regularly enforced. It is recommended that it may be "unwise" for the maximum number of children in the premises to exceed fifty, although there are day nurseries caring for larger numbers of children than this. A ratio of one member of staff to 5 children is regarded as a "reasonable standard", with additional staff for domestic or custodial duties, but a higher ratio is thought desirable and recommended if there is a high proportion of very young children. Staff in day care centers may either be trained or in training. The main qualification for such staff is the certificate of the National Nursery Examination Board.

The physical and staffing standards of nursery schools and classes are set by the Department of Education and apparently are met by more programs.

Play groups vary enormously so that generalization is very difficult. In principle, registration with the social service departments involves meeting certain standards but in practice the local authorities have discretion about insisting on them (the same situation as with child minders). The physical standards recommended are the same as those for the day nurseries, involving so much space per child, sanitary arrangements, safety equipment, and food preparation. The local authority may restrict the number of children allowed on the premises. Staff/child ratios are recommended to be 1:8 children over 2 years old, with a minimum of two adults for each registered group. If the staff are qualified "nursery nurses" the ratio can be increased, 1:10.

In principle, a registered play group ought to be visited regularly by the social services department. There is little evidence to show how far this duty is carried out, but in one survey in the London area it was reported that visits are not frequent and vary widely from authority to authority.

ONE INTEGRATED CHILD CARE SYSTEM
FOR ALL CHILDREN UNDER COMPULSORY
SCHOOL AGE

Sweden*

Standard Setting by the National Government

Sweden's child care is provided within one integrated system in which differentiation is made primarily on the basis of full or part day care. Until recently, the greatest stress has been on providing places for children aged 4, 5, and 6; and over half of this group (a little over 200,000 children) is now in organized child care.

With the passage of a new "Law on Child Care", effective January 1, 1977, greater emphasis will be placed on integrating physically handicapped children, mentally retarded children and children from immigrant families into the ordinary preschool program. Moreover, in addition to mandating places for all six year old children and assuring priorities for 4 and 5 year olds, communities are now also required to establish "free time centers" (after school programs) for all categories of children aged 7-12. Sweden has, thus, become one of the few countries to mandate supplementary, publicly provided after-school care.

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*Material for Sweden was derived from a report of day care in Sweden included in Alfred J. Kahn and Sheila B. Kamerman, Not for the Poor Alone (Philadelphia, Penn: Temple University Press, 1975).

Additional data were provided by Brita Holm, and supplemented by Annika Baude, Director of Child Welfare and Siv Thorsell, all of the National Board of Health and Welfare in Sweden.

In addition there is increasing attention being paid to providing for children under age 3.

Types of Programs and Definition of Terms:

Preschool is the term used to describe what used to be called day nurseries or day care centers covering 5 or more hours per day (or what is sometimes called all day or full day care) as well as part-time groups (or play groups) usually three hours per day. The centers are open for all day care from 6:30 am to 7:00 pm and the children served range from 7 months of age (the end of the paid parental child care leave) to 7, school entering age. Preschools or child care centers are divided into infant groups ranging in age from 7 months to 3 years and "sibling groups" which include children in the age range aged 3 to 7.

There still are a large number of supervised and unsupervised family day care homes.

There are, also, an expanding number of "free time" or "leisure time" child care centers providing supplementary after school programs for school aged children.

Standards: Types, Status and Compliance

The National Board of Health and Welfare publishes "Advice and Instructions" on how local government and other authorities responsible for preschool activities can best arrange these programs. It represents the locus of inspecting authority (with policy implemented by local child welfare, social service committees) with regard to location of the centers, physical

standards, staffing ratios and qualifications, fees, program coordination with school systems, etc. For example, current standards for centers include a minimum requirement of 50 square meters (540 square feet) and a more desirable standard of 80 square meters (860 square feet) per facility.

Staffing ratios are higher in Sweden than in any other country covered in this report. According to administrative regulation there must be at least two qualified (specially trained) preschool teachers per school all day unit, in an overall ratio of two staff persons for each 5 children under age 3 and one for each 5 children aged 3 to 7 (not including custodial, administrative and food service staff). Twelve children are the maximum for a group containing children aged 6 months to 3 years. No group of 3-7 year old children should be larger than 20, of whom at least five should be part day participants. There must be at least one fully qualified teacher for thirty 4 and 5 year old children (two groups of 15 each for three hour sessions operating consecutively) and one teacher for forty 5 and 6 year old children (two groups of 20 each for three hour sessions operating consecutively). Some children attend both sessions. At present staff meet the numerical size requirements but are often insufficiently trained by Swedish criteria. Parent participation is recommended but not required in these programs.

Family day care programs are limited to a maximum of four children (under school age) including the family day care mother's own child.

Although standards for the preschool programs are only recommendations, not requirements, most programs are described as in compliance. Regular inspection is mandatory and is implemented by regional and local governmental authorities (child welfare and social service officials), which give force to the standards despite their technical status.

Finland*

There were about 490,000 children under compulsory school age in Finland in 1970. In 1975 about 96,000 of these children were in child care centers and family day care homes, including more than one third of the children aged 3-7. The number of children in all such programs is expected to increase by more than 50 percent by 1980, but coverage will still not be adequate to meet needs in this country where more than two-thirds of the married mothers of preschool children are employed. About 75 percent of the programs are in municipally operated and supervised facilities, while most of the remainder are in publicly subsidized but privately operated programs.

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*Material for Finland was obtained from a special report prepared by Marjaliisa Kauppinen, National Board of Social Welfare, Helsinki, Finland, "Provision for Day Care and Preschool Children in Finland", November, 1976. This report was supplemented by additional data provided by Mrs. Kauppinen and Mr. Reino Rissanen also of the National Social Welfare Board. Supplementary material was obtained from the report by Dr. Jarl Lindgren, Population Research Institute, Helsinki, Finland, and included in Maurice Kirk, Massimo Livi Bacci and Egon Szabady, eds., Law and Fertility in Europe (Dolhain, Belgium: Ordina Editions, 1976).

In response to expanded demand for organized child care programs and variations in quality, program content and geographical distribution, special legislation was passed in 1972 (effective April 1, 1973) establishing an integrated child care system similar to that in Sweden. The objective of this law is to make provision of child care a public social service, meeting certain minimum standards for quality, and available to all children under compulsory school age who need such programs. (At the very least, it is stated, places should be made available to all children of working parents.) Every municipality is now mandated by law to provide child care places even though it is recognized that it will take some years before full coverage can be achieved.

Types of Programs and Definition of Terms

Day care home is the term used to describe all child care programs for children under compulsory school age including kindergartens, crèches, day care centers, preschool programs.

Family day care is the care of children in private homes or in family type conditions. Apart from informally arranged care, there are two types of family day care subject to government regulation: guided family day care, which is publicly subsidized and supervised; and supervised family day care, which is privately operated and receives no public subsidy, but is monitored by the social welfare board.

Standards: Types, Status and Compliance

Responsibility for standard setting is with the National Board of Social Welfare. However, standard enforcement is the responsibility of the social welfare board at the municipal level. Physical standards, health and safety standards are rigorously enforced. Staffing standards are met by most programs but there is a shortage of early childhood educators and a consequent problem has thus emerged in meeting staffing ratios that depend on employment of such teachers. There is some discretion related to compliance, but for the most part failure to comply with specified standards leads to loss of funding.

The specific standards are as follows:

The maximum number of children permitted in one day care home facility is 100 divided into several age related groups. Group size is limited to 6 children for infants under one year, 12 for toddlers aged 1-2, and 20 for children aged 3 and over.

Family day care homes, both guided and supervised, are limited to a maximum of 4 children including the caretaker's child.

Staffing qualifications and staff/child ratios are also mandated by law. Two "nursery nurses" are required for each 6 children aged 6 months (the usual entering age) to one year; 2 nursery nurses for 12 children aged 1-2; 2 kindergarten teachers for each 20 children aged 3-6 (or for a half day program, for each 25 children). One "helper" is required for each group in addition to the professional staff and in addition to custodial, kitchen and other general help.

TWO SEPARATE AGE-RELATED
SYSTEMS OF CHILD CARE

France

Standard Setting at the National Level*

France has the most extensive child care system in Europe. More than ninety percent of the 3-6 year olds, approximately 2.5 million children, attend the French public preschool program. Included in this group are almost all 4 and 5 year olds and about 75 percent of the 3 year olds. In addition, 25 percent of the 2-3 year olds attend this program which accepts children between the ages of 2-6.

The term "day care" (crèche) is used to describe organized child care programs for children under the age of 3, only. About 15 percent of this age group (over 360,000) are in some form of these programs, with most (over 200,000) cared for in a licensed, agency supervised and operated or indivdiually operated family day care program and another substantial number (over 100,000) attending the preschool program (see above).

Child care in France is basically a dual, age related system; however, there is an overlap for children aged 2 to 3

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*In addition to the data derived from the Cross-National Studies of Social Service Systems, supplementary material was obtained from Mr. Fragonard of the Ministry of Health and Social Security and from government publications summarizing the laws and regulations for day care in France, as of the end of 1975. Additional background and contextual material is available in Myriam David and Irene Lezine, Early Child Care in France (London: Gordon and Breach, 1975).

who may be eligible for either system but are more likely to be placed with the 3 to 6 year olds.

Types of Programs and Definition of Terms:

- A crèche or day care center is a group child care facility that provides care for the healthy children under age 3 of working mothers while the mothers work. Centers are usually open 6:00 am to 7:00 pm, 5 to 5½ days a week, 48 to 50 weeks a year.

- Crèche familiale or family day care is a child care service provided in the home of a "child minder" for a very small number of healthy children under 3 years of age while their mothers work. The child minder or family day care mother is certified, licensed and supervised by a "nurse" or child care worker (puericultrice) who is paid by the agency supervising this type of service. In effect, this is agency supervised family day care in contrast to the following program which is an individually operated service.

- A gardienne or nourrice or child minder is a woman who wishes to take care either night or day in her own home of one or several children for periods longer than 8 days. When the children are under age 6 she must be certified and licensed by the Health and Welfare Director of the Department (county).

- Haltes Garderie, a baby sitting or baby minding or baby parking place is a facility providing child care during the day for a limited time and on an occasional basis for children aged 3 months to 5 years. The service enables both the working and non-working mothers to perform household duties or enjoy some

leisure, by relieving mothers for a few hours of the care of their children.

- École maternelle, preschool or pre-elementary school is a public school pre-primary program for all children age 2 to 6 whose parents wish them to attend. The program is intended to provide basic developmental education. Programs must be established in all communities with at least 2,000 inhabitants and some exist in much smaller communities also. The program operates 6 hours per day, 4½ days per week but the schools also provide before and after school child care and lunch for the children of working mothers.

There are also some nursery schools and kindergartens (gardarie, jardin d'enfant) which are private, preschool programs for children aged 3 to 6. However, those programs have largely disappeared as the école maternelle has expanded.

The French child care programs are organized so that those serving children aged 0 to 3 (day care centers and family day care homes, both agency supervised and individual), and baby parking centers are under the National Ministry of Health while preschool programs serving children 2 to 6 are under the National Ministry of Education.

Standards: Types, Status and Compliance

The National Ministry of Health sets all physical and operating standards in day care centers, family day care and child minders, controls training of and qualification for staff,

licenses facilities and child minders and is responsible for health and sanitary supervision in the preschools. The National Ministry of Education is responsible for standards in the preschools.

Local governmental authorities have a major role in establishing and administering or operating day care centers and family day care homes.

More specifically, all private and public institutions involved in the care, protection, or placing of children aged 0 to 6 are under the supervision of the regional director of the "Action Sanitaire Et Sociale" under the Ministry of Health and Social Security.* This supervision includes responsibility for the following:

- description and standards regarding equipment and facilities
- standards regarding when the program is open
- qualification requirements, ratios, training, etc. regarding staff
- health and medical supervision of children and staff
- administrative measures
- physical standards--space, size, safety, etc.

Plans for the construction of new facilities are subject to architectural, medical and cost review by the responsible ministry.

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*Educational institutions are not under the supervision of this Ministry, except with regard to health and sanitation.

Child minders are licensed by this office also, authorization being granted after a survey is made by a social worker proving that the morals of the person, the state of her home, and her capabilities to rear children are satisfactory. A medical check up and a medical clearance is also required.

Family day care is also responsible to a medical practitioner who examines each child on registration and at regular intervals thereafter.

Staffing ratios in day care centers for children underage 3 are mandated by law and/or administrative regulation as follows:

- 1 person per 5 children who do not yet walk
- 1 person per 8 "older" children

Beyond this minimum staff ratios vary widely among programs.

No formal training is required of staff; however, most are child care worker aides who are graduates of an accredited school under the Ministry of Health and Social Security. Thirty-two percent of the programs have a nursery school teacher on staff. Doctors visit once or twice weekly on a preventive or "as needed" basis.

Agency operated and supervised family day care is directed by a trained child care worker. Individually operated family day care may be under the supervision of an overall director who may be responsible for up to 40 homes. These child care social workers recruit the licensed day care mothers who

must have annual medical check ups. In addition, parents must declare placement of a child within three days after it has occurred. Failure to meet with these regulations may result in penalties for parents. Enforcement is difficult and parents often ignore reporting with impunity. Thus, informal, unlicensed arrangements continue to exist. In contrast, medical supervision is vigorously enforced and efforts continue to control quality of care in licensed family day care by refusing new applications for licenses or rejecting renewals of existing licenses.

Part time day care centers are also strictly regulated with regard to staff. The service must be operated by a woman between the ages of 21 and 65 who is a graduate (child care worker, midwife, social worker or nurse) from an accredited school and has at least one year's experience in an institution or program for children.

If the part time day care service receives children over 18 months of age, it may be operated by a nursery school teacher.

The director has the assistance of one trained staff person per 20 children.

Staff is under the same medical control as that of day care centers.

Great stress is placed on architectural standards. Most new day care facilities are built to accommodate 40 to 60 children. Although they may range from 20 to 100, sixty is considered optimal. Facilities are usually divided into four age groups consisting of: about 10 to 12 non-walking infants

aged 2 to 8 months; about 12 to 15 children aged 8 to 18 months (or starting to walk); about 10 to 12 toddlers aged 16 to 24 months; whatever the number of 2 to 3 year olds there are, under a special kindergarten teacher.

For the preschool program for which children aged 2 to 6 may be enrolled and which covers 25 percent of the 2 year olds and 90 percent of the 3 to 6 year olds, the teacher/child ratio is approximately 1:40 (25 minimum, 59 maximum by 1922 law). The école maternelle is divided into three classes: 2 to 4 year olds; 4 to 5; 5 to 6. Other standards will not be discussed here since the focus in this report is on "day care" and day care is provision for the under 3s only in France as in all other countries in this category. Mention is made of the preschool program only to underscore the difference in staffing standards between the two programs, in particular, when one considers the enormous scale of the program for this age group.

Poland

Standard Setting at the National Level*

Types of Programs and Definition of Terms:

- A day care, nursery or crèche is a "social-health institution" serving children between the ages of 6 weeks and 3 years whose mothers are employed outside the home and are, therefore, incapable of caring for them during working hours. The main task of the nursery consists in providing the following arrangements: physical care of children; preventive health care

*All material is derived from the special report on Poland prepared for the Cross-National Studies of Social Service Systems.

programs including periodic medical examinations, contagious disease prevention and care and education regarding nutrition, child care and child rearing; developmental care and activities for children; proper nutrition.

Only a very small percentage of the children aged 0 to 3 are in this program.

There are two kinds of day care centers: (1) "institutional nurseries" organized by and at the work place for employees; and (2) city-district nurseries organized by local departments of Health and Welfare. Direct supervision of both these categories of day care facilities (including a third group operated by voluntary agencies) is by local Departments of Health. Whatever exists in the way of family day care is informal and unregulated.

- Preschool is a "child care and education institution" serving children between the ages of 3 and compulsory school entry (7). Its objective is to insure the all around development of children, to prepare them for entering elementary school and to provide care for the children of working parents. The major tasks of this preschool program include: insuring the healthy, physical development of children; enhancing the child's intellectual development; facilitating the child's psychological and social development. Over fifty percent of the children aged 3 to 7 (about 1 million of the approximately 2 million children of this age) attend these programs although coverage in the cities is much higher than in rural areas (70 percent of

children are enrolled in the cities).

Standards: Types, Status and Compliance

Day care standards are set by the Minister of Health and Social Welfare and inspected and enforced locally as well as at regional levels. It is noted that the "institutional nurseries" are less likely to meet health and hygiene standards than the other facilities. There are precise physical standards (minimum space requirements) and health, sanitation and safety requirements imposed. Staff ratios in the day care centers are: 1 professional child care person for every 22 children. (Plus custodial staff).

Federal Republic of Germany
Standard Setting at the State Level*

Types of Programs and Definition of Terms:

The following are the major forms of organized child care in the Federal Republic of Germany, all under the guidance at the federal level of the Family and Youth Welfare Services (Ministry of Youth, Family Affairs and Health) although real administrative responsibility is at the state level either under the Ministry

*In addition to the data obtained from the Cross-National Studies of Social Service Systems, supplementary material was provided by Frau Engelhildt, Bund-Laender Kommission, Bad Godesberg, F.R. Germany.

of Culture or the Ministry of Social Affairs:

- Day nurseries or day care centers are facilities designed to provide care for children under age 3 in order to meet the needs of parents or an only parent who for reasons of job activity or training are not in a position to take care of their infants or small children during the usual working time or business hours on work days. Coverage is less than 1 percent of the age cohort, about 4 percent of children of working mothers (varies among states). There is no family day care except for a small number of special demonstration projects funded by the government on an experimental basis.

- Kindergarten or preschool are programs which care for children between the ages of 3 to 6 either part day or full day. The preschool programs are the most important form of child care for this age child and cover over 60 percent of the age cohort.

Standards: Types, Status and Compliance

Standards for both types of programs are set at the state level, usually by administrative regulation, and are enforced at that level. They vary substantially from state to state; however, there does tend to be great specificity regarding physical standards (space, equipment). For example, in one state, Bavaria, the following rooms must be available for the various groups of a children's day-time facility:

Day-nurseries (day care centers for under 3s)
a) Infants: 1 infants' room with nursing facilities (3.5 sq. meters floor-space per child)

Sanitary facilities for nursing room: 1 infant's bath tub, a bathing thermometer, 1 graduated infants' scale, 1 pot washer, 1 drain, 1 sink for the staff, 1 diaper disposal bucket with cover, 1 bandage cabinet with nursing materials, including a fever-thermometer kept in a glass with disinfectant.

b) Crawlers: 1 play-room for groups with viewing window from nursery room (3.5 sq. meters floor-space per child) equipped with play-boxes, 1 resting room (if necessary).

Sanitary facilities for nursing room: one sink for the children, 1 children's bath tub, 1 scale with height-gauge, 1 children's toilet, 1 pot washer, 1 drain, 1 sink for the staff, 1 diaper disposal bucket with cover, 1 bandage cabinet with nursing materials, including a fever-thermometer kept in a glass with disinfectant.

c) Small children: 1 play-room for groups (3.5 sq. meters floor-space per child), 1 resting room (if required), 1 washroom with 2 sinks for children, 1 children's bath tub, if possible also 1 foot basin, both with hand shower attachment, 1 scale with height-gauge, 2 children's toilets, 1 drain.

In addition the following rooms are to be provided for: Reception room and resting room for infants (if required), isolation room with sink (if more than 20 children are taken, then more isolation provisions are to be made), a small milk-kitchen with refrigerator, separated from the general kitchen, broom closet, closets for children's clothes and laundry, wash-room with diaper cleaning facilities, drying room, baby carriage room (with heating if possible) with an exit to the outside, staff-room (in the larger facilities), office.

For the country as a whole, the average size of a day care facility is 32 places per facility divided into subgroups. For groups of mixed ages there should be no more than 10 children with a maximum of 3 under age 1. For groups of equal ages, there should be no more than 6 infants or 8 toddlers to a group.

Staffing for day care centers includes: 1 teacher and 1 nurse for each mixed aged group (up to 10 children); 1 nurse and

1 assistant nurse for infant groups (up to 6 children); 1 nurse, 1 assistant nurse, 1 kindergarten teacher for toddler groups (up to 8 children); and 1 social worker for up to 4 groups (of any category).

For preschool children aged 3 to 6, staffing ratios are as follows: for each group or class (maximum 20 children), 1 social worker for up to 4 groups and 1 teacher and 1 nurse for every group.

In general, for a "3 group" or larger facility, there must be an especially qualified youth leader (social pedagogue) to function as administrative director, responsible for the operations of the kindergarten.

In fact, staffing ratios vary widely among states. For Berlin, which has the highest staff/child ratios in F.R. Germany, there are approximately 1.25 professional child care workers for each group of 8 children (maximum) aged 0 to 1 or 10 aged 1 to 3 (excluding custodial and administrative staff).

Parent participation, although mentioned by several states, is mandated for policy making in only one state.

Enforcement procedures vary among the states but no details were readily available. The general comments of officials are that standards are enforced in most of the states.

Italy

Standard Setting at the Regional or State Level

Italy, like France and Belgium, has an extensive public preschool program for 3-6 year olds and about two-thirds of this age group participate. There is great pressure at present to expand day care programs for the under 3s, but there are no data regarding how and where these children are now cared for or how many places there are in day care centers.

Standards, where they exist, are set at the regional level. Because of the decentralized nature of policy making in Italy no data are available from the national government nor is there any way to obtain such data from the regions since there is no requirement to collect data or make it available.

Denmark

Standard Setting at the Municipal Level: A Country in Transition

Responsibility for establishing child care programs in Denmark is vested in the municipalities which have interpreted the legislative requirement concerning provision of "the necessary numbers of places" in very different ways.* Thus, some

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*This section is based on material included in Henning Friis and Anders From, "Social Services in Denmark" an unedited paper to be published in revised form in Social Service Delivery Systems: An International Annual (Beverly Hills: Calif: Sage Publications, forthcoming).

of the 275 municipalities have no child care facilities at all while in others, facilities have space for 60 percent of the children under compulsory school age (7). In addition to crèches, kindergartens, recreation centers and youth clubs most municipalities also organize and control the placement of children under 7 in private family day care. All of these activities, both public and private, are heavily subsidized by both national government and the municipality.

Types of Programs and Definition of Terms:

- Crèches are day care or child care facilities which admit children from the age of a few weeks. There is no fixed maximum age; however, children usually leave the crèche when they are allowed to enter the preschool or kindergarten program, at about the age of 2½ (or no later than at age 3). Crèches stress a "care" function and serve the children of working parents, from either one parent families or two parent families where both parents work outside the home. In 1974 the crèches served 8 percent of the children under age 3.

- Kindergartens or nursery schools are facilities serving children age 2½ to compulsory school age (7) on a voluntary basis. The program is operated under public, educational auspices, but separate from the regular school system. It provides a full day program. Major stress in this program is on educational and socialization functions. In 1974 30 percent of the children aged 3-7 were in this program.

- Family day care is individually provided child care serving children aged 0-6. It was developed to meet the expanded demand for organized child care that could not be met by existing facilities. Women offering such care in their own homes are recruited by the authorities and regulated, supervised and paid by them. These local governmental authorities in turn collect an income-related fee directly from the parents using these services. In 1974 5 percent of the children ages 0-6 were covered in these arrangements.

Standards: Types, Status and Compliance*

Prior to April 1, 1976 standards were set by national law or administrative regulation. Since that date, responsibility for all the administration and supervision of child care programs has been removed from the central government and assigned to the municipal administration.** As a consequence, the relevant standards and regulations described below are now only recommendations to the municipalities. At present, almost all programs are in compliance with the standards which, heretofore, were rigorously enforced. Danes who are interested in this field are "watching and waiting" in order to assess the consequences of this major effort at decentralization, which has just begun.

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*Material included in this section was provided by Dr. Vedel-Petersen, Child Welfare Research Program Director, Danish National Institute of Social Research and Director of Research, Danish National Commission on Children.

**This move towards decentralization is not limited to child care programs only, but part of a move towards decentralization of all the personal social services. The reasons for this development are not relevant to this report, and thus not covered here.

Crèches: Physical standards set minimum indoor and outdoor square footage per child and specify the number and type of equipment (e.g., toilets, sinks, etc.). Safety and sanitation regulations specify such items as a refrigerator for milk and food, facilities for changing babies, etc. Location of centers in residential areas is also a requirement. Staff/child ratios are one qualified preschool teacher and one "non-educated" staff for each 7 children under age 3. The maximum number of children per group is 10. A maximum of 10 percent of the children may be handicapped (physically or mentally) in which case staff/child ratios are higher. Parent involvement is required; however, the role of parents or parent boards, in public programs, is advisory rather than policy-making. There are no requirements for health, mental health or social services in these programs. Such provision is made separately.

Family day care homes: A maximum of 5 children aged 0-14 may be placed in a home but special permission and review is required if more than 3 children are served. For more than 4 children, more than 4 hours per day, a medical examination is required for the day care mother. In addition, homes are visited and inspected regularly and must receive medical approval before permission is granted for the care of an infant (under age 1). Finally, if the mother is to care for 3 or more children, she should have been trained as a "children's nurse."

Kindergartens, Nursery schools: The same types of standards are set for these programs as for crèches. Where staff/

child ratios are concerned, the requirement is one teacher and one "paraprofessional" for 12 children aged 2 and 3, or for 20 children aged 4-7. The maximum group size for 2-3 year olds is 12, and 20 for 4-7 year olds. All other standards regarding presence of handicapped children, parent participation, etc., are the same as for the crèches.

Yugoslavia

The Ultimate in Decentralization*

Types of Programs and Definition of Terms:

Yugoslavia has all the major program models found in the countries described earlier:

- Children's nurseries or day care centers are social, health, and educational institutions for the daytime care of children up to the age of 4. These institutions may be either in independent facilities set up for the explicit purpose of caring for children or provided at the mother's place of work as part of an industrial enterprise.

- Preschool programs are institutions in which systematic education, upbringing, care, and nutrition of children aged 4-7 is provided until their entry into primary or elementary school.

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*All material is derived from the special report on Yugoslavia prepared for the Cross-National Studies of Social Service Systems.

- Combined institutions are facilities consisting of both children's nurseries and kindergarten (jointly located, but not integrated into one program) in one place within the local community or neighborhood. They thus provide at one location programs for children of all ages before entering primary school.

- Family day care is the organized daytime care of children in a family other than their own. The vast majority of such care is informally arranged, unregulated, and uncounted. Only one republic, Croatia, passed legislation in 1974 noting the need to regulate this practice.

In general, programs vary in the length of time they are open and in the extent of care provided. Some offer part-day care (5 hours); most offer full-day care equal to 10-12 hours daily, Monday to Friday, year-round; some others offer 24-hour all-week (Monday to Friday) care.

Standards: Types, Status and Compliance

Standards are set by legislation at the level of the republic and are implemented at local levels. They tend to relate to health and safety requirements (sanitation, kitchen, etc.), space requirements (size of room) and special standards with regard to industry-based programs (the facilities must be protected against pollution and noise). They vary very widely.

Each day care center and each nursery must provide coverage for its area at the rate of 100-120 places per 2,000 inhabitants.

There are no mandated standards regarding staffing ratios in any of the republics. It is recommended that an average day care center serving 0 to 3 year old children should have one "nurse" for every 12 children; an average preschool should have 1 teacher for every 20 children.

Israel*

Israel is discussed separately because although there are basically two age related systems, some 3-5 year olds (of the most deprived families) are in day care programs rather than preschool. However this practice is decreasing. In general, day care is for 1-3 year olds; preschool is for 3 and 4 year olds; compulsory school begins at age 5. About 12 percent of the under 3s are in day care; almost 90 percent of the 3 and 4 year olds are in preschool.

Types of Programs and Definition of Terms:

- A day care center is an institution open,generally,7 am-4 pm and sometimes longer. It is intended for the care of children between the age of 1 to 5 years. The center provides three meals and also a social treatment and educational program during the time the children spend there. There are day care centers for children of various age groups: the baby homes

*All material is derived from the special report on Israel prepared for the Cross National Studies of Social Service Systems.

for children aged 1 to 3 or an all-day kindergarten for children from age 3. The center serves the needs of both parents and children. It serves as an instrument of the welfare services to assist parents and children or needy families by freeing the mother from caring for a child during the day. It permits the mother to go out and work and assures an educational program that helps enhance cognitive and social development. About 65 percent of the children have working mothers. Most centers are operated by voluntary women's organizations.

- A kindergarten, for 3-5 year olds, is operated under the education ministry and is usually open 8 am - 1 pm. The overall purpose is to assist parents, particularly those coming from deprived groups of the population, in educating their children; and the specific program objective is to foster the physical, intellectual, and social development of young children. The educational program in these kindergartens is designed to enrich the mental development of the children, to help the personality development of the children, and to prevent the creation of social and educational deprivation among children of various population groups. In addition to ordinary kindergartens the Ministry of Education is planning a network of "kindergarten clubs," another form of child care center. They are intended for children aged 3, 4, and 5 only, in accordance with priority rules determined by the Ministry. The regular educational work of the kindergarten is conducted until 1 pm, and from then until 4 pm, another teacher takes charge with a

day care center child care program for which the "needy" children remain while the others go home. The Ministry plans to develop additional kindergarten clubs in the next few years to absorb needy children (children of working mothers or deprived or inadequate families).

Standards: Types, Status and Compliance

The Ministry of Social Welfare is responsible for setting and enforcing standards regarding day care centers (usually by administrative regulations) as well as issuing licenses and supervising physical, medical, and educational conditions. They are usually described as standards "to be arrived at" rather than consistently achieved, in other words, as goals. Staff ratios in day care centers average 1 child care professional to 15 children aged 1-4 with additional maintenance and custodial staff. In preschool for children 3-5, staff include at least 1 teacher and 1 assistant for a class of 35.

CONCLUSIONS

Much of what is said in this section is impressionistic. The data are not firm or complete enough for more positive conclusions, nor were enough countries covered. Several (U.K., Israel, Italy, Yugoslavia) did not submit the promised, completed questionnaires. Moreover, without some objective assessment and large scale national surveys including extensive on-site direct observation one cannot accept general statements of government officials regarding compliance and enforcement of standards.

Despite these caveats, it seems clear that in countries where standards are set at the national level, there is greater consistency and child care programs are more likely to be of comparable quality regardless of geographic location. Standards are more likely to vary where there is disparate and varied authority responsible for promulgating standards. (Both Canada and F.R. Germany illustrate this tendency.)

In contrast, although compliance and enforcement vary greatly also, this seems to have more to do with the attitude and approach taken towards enforcement rather than the level of governmental responsibility.

For example, in Sweden, where standards are only recommended at the national level, not required by law, compliance is said to be very high because local government officials insist upon and vigorously support maintenance of high standards. In several other countries standards are mandated by law but enforcement is described as weak or sporadic, and compliance less than full.

In other words, where compliance is concerned, the question is not which level of government enforces standards but are they enforced? Here, it seems clear, implementation is the critical factor, not policy. In general, countries in which child care programs are universal (for all children not just for the poor) and where coverage is extensive, seem more likely to enforce standards.

With regard to the categories of standards, it seems that most countries set standards regarding physical safety, space, the age range and maximum number of children served, staff/child ratios and staff types and qualifications. Health, mental health, and social service standards are not mandated as part of child care programs, for the most part, because there are nationally provided, locally based maternal and child health services in place in almost all these countries. These programs eliminate the need for such services to be provided as part of child care programs.

As to the content of these standards - the specific standards in different categories - there is no consensus, nor even any clear patterns that can be discerned. There is, in fact, astonishing range among countries - and, often, even within those countries where standard setting is decentralized. The only consistent finding is that countries support a hierarchy in staff ratios related to the age of the children. That is, the highest staff: child ratios are maintained for groups comprising the youngest children while lower ratios are supported for older children. Thus, for example, for children under age one or a

little older but not yet walking, country staff ratios vary from a high of 1:2 1/2 (Sweden) to a low of 1:10 (in one Canadian province) with an approximate mid-point of 1:5. For toddlers or children aged from about one to age two or three, the range is 1:2 1/2 (Sweden) to 1:15 (Israel); the rough mid-point is 1:8. For children aged three or four to six or seven, the range is 1:5 (Sweden) to 1:20 (one Canadian province, Poland, Yugoslavia), with a mid-point of 1:15.* To illustrate the inconsistencies, however: France, where two to three year olds may attend either a crèche (day care) or an école maternelle (public preschool) - and 25 percent of the age cohort attend the latter, far more than those attending a day care center** - staff ratios differ between the programs: 1:8 in day care; 1:35 in preschool.

Regardless of the rationale offered (and in most instances there is no rationale) there does not seem to be any clear justification for supporting more or less staff for a given number of children. The decisions seem to be country-specific and may reflect economics, political decisions, traditional practice, or "common sense" judgements.

Interviews with child care program staff and administrators in several countries suggest that assessment of appropriateness and adequacy of standards varies as much within countries as among countries. Furthermore, there is no systematic research in any

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*France is deliberately excluded from this group because of the unique situation there.

**The reasons for this include: preschool is free while day care has income-related fees; more places are available in preschool; some parents prefer the idea of sending a child to "school", just as some U.S. parents think "nursery school" may be preferable to day care.

of these countries regarding the effects of different standards, in particular, staff: child ratios.

If there are any overall conclusions which can be derived from this report, the following would be central:

1) There is 'common sense' agreement in all countries regarding (a) avoidance of "very large" groups, and/or "very low" staff:child ratios, and (b) maintaining higher staff ratios for the youngest children.

2) Definitions of "large" and "small", "high" and "low" are contextual and country specific.

3) Nonetheless, no firm knowledge is available in any of these countries regarding the consequences of different standards, including the effect of higher or lower staff:child ratios.

It is worth noting that there is growing interest in this subject and some beginning research in several countries.

AN OVERVIEW
OF
PROMULGATION, IMPLEMENTATION, ENFOR
OF STAFF:CHILD RATIOS IN CHILD CAR

Countries	Level of Government		Type of Standard: Required or Recommended	Reported Compliance
	Setting Standards	Enforcing Standards		
CANADA	provincial (state) some city	provincial some city	varies among provinces	varies among provinces
U.K.	national	local	recommended	limited
SWEDEN	national	local	recommended	almost full
FINLAND	national	local	required	substantial
FRANCE	national	local and regional	required	substantial
POLAND	national	local	required	partial
F.R. GERMANY	laender (state)	state	varies among states	varies among states

CEMENT AND CONTENT
E GROUP PROGRAMS

Staff:Child Ratios
varies among provinces; Range includes: 1:2-1:10 for under two year olds to 1:6-1:20 for 3-6 year olds.
1:5 for children under 5; nursery classes for 2-5 year olds average 1:13.
2:5 for children aged 6 months-3 years 1:5 for children aged 3-7.
1:3 for children aged 6 months-1 year 1:6 for children aged one to two years 1:10 for children aged three to six years.
1:5 for children not yet walking 1:8 for children who walk 1:35 for 2-3 year olds attending the public preschool.
1:22 for children under 4.
model pattern: 1:3 for children under two; 1:10 for children aged 3-6.

CONTINUED

OF
PROMULGATION, IMPLEMENTATION, ENFORCE
OF STAFF:CHILD RATIOS IN CHILD CARE

Countries	Level of Government		Type of Standard: Required or Recommended	Reported Compliance
	Setting Standards	Enforcing Standards		
DENMARK	local	local	varies	decentralized 1976; too soon to assess; previously full compli-ance.
YUGOSLAVIA	republic (state)	local	varies	varies
ISRAEL	national	local	recommended	partial

MENT AND CONTENT
GROUP PROGRAMS

Staff:Child Ratios
before decentralization: 2:7 for children under age 3 1:6 for children aged 2-3 1:10 for children aged 4-7.
1:12 for children aged 0-4 years 1:20 for children aged 4-7 years
1:15 for children aged 1-4 2:35 for children aged 3-5 in preschool

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APPENDIX A

Brief Description of Cross-National Studies of Social Service Systems and Publication List

The Cross-National Studies of Social Service Systems (CNS) was a three-year study of social service systems in eight countries: Canada, Federal Republic of Germany (F.R.G.), France, Israel, Poland, United Kingdom (U.K.), United States (U.S.), and Yugoslavia. The study was undertaken early in 1972 by the Columbia University School of Social Work, under the direction of Alfred J. Kahn, with Sheila B. Kamerman as Associate Director. Funded largely by the Department of Health, Education, and Welfare (DHEW), the project was prompted by Federal interest in re-examining U.S. social services policy, program and administration. Expressions of parallel interest from other countries led ultimately to the development of the eight country study.

By focusing on common problems and issues, rather than each country's service organizations, the CNS investigation was able to pursue seven parallel studies. Topic selection for these studies was based on U.S. priorities and issues at the time the project was launched:

1 - The Societal Context for Social Welfare*
2 - Child Care

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*Not prepared for Federal Republic of Germany in view of the recent publication of Franz Flam, Social Services and Social Work in the Federal Republic of Germany.

3 - Child Abuse and Neglect
4 - Children's Institutions and Alternative Programs
5 - Community Care for the Aged
6 - Family Planning
7 - The Local Social Service Delivery System

Individual country reports were prepared by a principal investigator from each country, then compiled and edited by Alfred Kahn and Sheila Kamerman. The principal research officers of the eight participating countries were: H. Philip Hepworth of Canada, Dieter Schaefer of F.R. Germany, Jacquelin Ancelin of France, Avraham Doron of Israel, Jan Rosner of Poland, Barbara Rodgers of the United Kingdom, Vitomir Stojakovic (principal investigator) and Mark Mladenovic (country director) of Yugoslavia, and Alfred Kahn and Sheila Kamerman of the United States.

Project directors have concluded "that a 'sixth' social service system is evolving internationally." They further maintain that "the personal social services are playing a major role in helping individuals cope with problems and personal difficulties, in contributing to social care of the ill and the handicapped, in enriching socialization and development, and in offering individuals access to the rights and benefits of a welfare state."

CNS project publications include the following:
Six country reports, covering all but Canada and U.S., are now available in a ten-volume set at $171. For full detail and prices for individual country volumes write to: Xerox University

Microfilms, 300 North Zeeb Road, Ann Arbor, Michigan 48106.

Canadian reports, by H. Philip Hepworth, available in a ten-part monograph series. For volume titles and prices write to: The Canadian Council on Social Development, 55 Parkdale, Ottawa K1Y 1E5, Ontario, Canada. Monograph set $25.

U.S. Report published as Sheila B. Kamerman and Alfred J. Kahn, Social Services in the United States: Policies and Programs (Philadelphia: Temple Univ. Press, 1976). Temple University Press, University Services Building, Broad and Oxford Streets, Philadelphia, Pennsylvania 19122. Price $7.95, paper, $15.00, cloth.

Special reports on child care published as: Sheila B. Kamerman, Child Care Programs in Nine Countries, Office of Child Development, Office of the Secretary, P.O. Box 1182, Washington, D.C. 20013. (Also published in English and French by the Organization of Economic Cooperation and Development (O.E.C.D.), Paris, France, 1975.

The overall volume will be published early in 1977, by the Government Printing Office, as: Alfred J. Kahn and Sheila B. Kamerman, Social Services in International Perspective.

The following related articles have appeared or are pending:

Sheila B. Kamerman, "Eight Countries: Cross-National Perspectives on Child Abuse and Neglect," Children Today (May-June, 1975).

Alfred J. Kahn, "New Directions in Social Services," Public Welfare (Spring 1976).

Alfred J. Kahn, "A Framework for Public-Voluntary Collaboration in the Social Services," in The Social Welfare Forum, 1976, Columbia University Press, 1977.

Alfred J. Kahn, "Service Delivery at the Neighborhood Level: Experience, Theory and Fads." Social Service Review (March 1976).

Alfred J. Kahn, "The Sixth Social Service Emerges: A Cross-National Report," International Council on Social Welfare (July 1976, publication pending).

Sheila B. Kamerman, "Community Services for the Aged: The View from Eight Countries," The Gerontologist, vol. 16, no. 6 (December, 1976).

APPENDIX B

Data Sources and Methodology

The data contained in this report were obtained from four sources:

1. Researchers in each of the seven countries participating in our recently completed Cross-National Study of Social Service Systems (Canada, F.R. Germany, France, Israel, Poland, Yugoslavia, U.K.) prepared detailed reports on child care policies and programs including a section on standards and regulations. Supplementary material and reports were also made available to us as part of several of these reports.

2. A brief questionnaire was prepared and sent to our colleagues in each of the above countries with a letter requesting that they update and/or supplement the data included in their original reports, if there had been any changes. In some countries, this questionnaire was also sent to government officials who could be of help in obtaining the information.

3. This same questionnaire was distributed in person and interpreted to child care experts and/or government officials in Finland, France, Denmark, F.R. Germany, Sweden, Italy and Hungary. Substantive interviews were held with individuals in each of these countries (in the course of other research activities).

The questionnaires were reviewed and analyzed and the data integrated with the material obtained from the cross national reports.

APPENDIX C

Child Care Standards Questionnaire

TYPE OF FACILITY OR PROGRAM_____

/such as, day care center; family day care home; nursery; crèche (collective or familiale); child minder; baby parking, play group; nursery class; nursery school; kindergarten; other/

Please check all that apply for each column. Use a question mark (?) if side if more space is needed.

Type of Standard	Age of Children Affected by Standard (Specify)	Status of Standard								Level of Government Setting Standard (Specify)
		Administrative Regulation		Legislative		Required		Recommended Only		
		Yes	No	Yes	No	Yes	No	Yes	No	
PHYSICAL STANDARDS, such as:										
Space per child										
_____										
_____										
_____										
Equipment_____										
_____										
_____										
Safety and Sanitation Regulations										
_____										
_____										
_____										
_____										

COUNTRY_____

you do not know the answer, Use other

Standards Met by:			Standards Enforced by:	Level of Government Enforcing Standards (Specify)
Some	Most	All	Inspection or Other (Specify)	

Please check all that apply for each column. Use a question other side if more space is needed.

	Age of Children Affected by Standard (Specify)	Status of Standard							
		Administrative Regulation		Legislative		Required		Recommended Only	
		Yes	No	Yes	No	Yes	No	Yes	No
PHYSICAL STANDARDS (continued)									
Building Location									
_____									
_____									
_____									
_____									
Additional Items (Specify) _____									
_____									
_____									
_____									
_____									
_____									
_____									
_____									
_____									
_____									

mark (?) if you do not know the answer. Use

Level of Government Setting Standard (Specify)	Standards Met by:			Standards Enforced by:	Level of Government Enforcing Standards (Specify)
	Some	Most	All	Inspection, or Other (Specify)	

Please check all that apply for each column. Use a question mark (?) if side if more space is needed,

	Age of Children Affected by Standard (Specify)	Status of Standard								Level of Government Setting Standard (Specify)
		Administrative Regulation		Legislative		Required		Recommended Only		
		Yes	No	Yes	No	Yes	No	Yes	No	
STAFFING ARRANGEMENTS such as,										
Types of staff _____										
Staff/child ratios: numbers of children per child care personnel _____										
numbers of children per other staff (specify)										

you do not know the answer, Use other

Standards Met by:			Standards Enforced by:	Level of Government Enforcing Standards (Specify)
Some	Most	All	Inspection, or Other (Specify)	

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Please check all that apply for each column. Use a question mark (?) if side if more space is needed.

Type of Standard	Age of Children Affected by Standard (Specify)	Status of Standard								Level of Government Setting Standard (Specify)
		Administrative Regulation		Legislative		Required		Recommended Only		
		Yes	No	Yes	No	Yes	No	Yes	No	
PARENT INVOLVEMENT (if any)										
HEALTH AND MENTAL HEALTH SERVICES STANDARDS (if any, specify)										

you do not know the answer, Use other

Standards Met by:			Standards Enforced by:	Level of Government Enforcing Standards (Specify)
Some	Most	All	Inspection of Other (Specify)	

Please check all that apply for each column. Use a question mark (?) if side if more space is needed.

	Age of Children Affected by Standard (Specify)	Status of Standard								Level of Government Setting Standard (Specify)
		Administrative Requaltion		Legislative		Required		Recommended Only		
		Yes	No	Yes	No	Yes	No	Yes	No	
FOOD AND NUTRITIONAL STANDARDS (if any, specify) _____										
SOCIAL SERVICE STANDARDS (if any, specify) _____										
OTHER STANDARDS (specify) _____										

you do not know the answer, Use other

Standards Met by:			Standards Enforced by:	Level of Government Enforcing Standards (Specify)
Some	Most	All	Inspection of Other (Specify)	

Please check all that apply for each column. Use a question mark (?) if side if more space is needed.

	Age of Children Affected by Standard (Specify)	Status of Standard								Level of Government Setting Standard (Specify)
		Administrative Regulation		Legislative		Required		Recommended Only		
		Yes	No	Yes	No	Yes	No	Yes	No	
SIZE AND COMPOSITION OF GROUPS										
Maximum number of children per group										
Age composition of group										
Presence or absence of handicapped children										
Additional items (specify)										

you do not know the answer. Use other

Standards Met by:		Standards Enforced by:	Level of Government Enforcing Standards (Specify)
Some	Most All	Inspection or Other (Specify)	

NOTE TO THE READER:

The interpretations and conclusions expressed in this paper are the author's and are not intended to represent the position or policy of the Department of Health, Education and Welfare.

It is being distributed to solicit comments and criticisms to assure technical soundness, the adequacy of supporting materials, relevance, and general comprehensibility. It is hoped that this paper and its review will contribute to the improvement of the public debate on social policy and the proper Federal role in regulating child day care.

Comments may be addressed to:

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